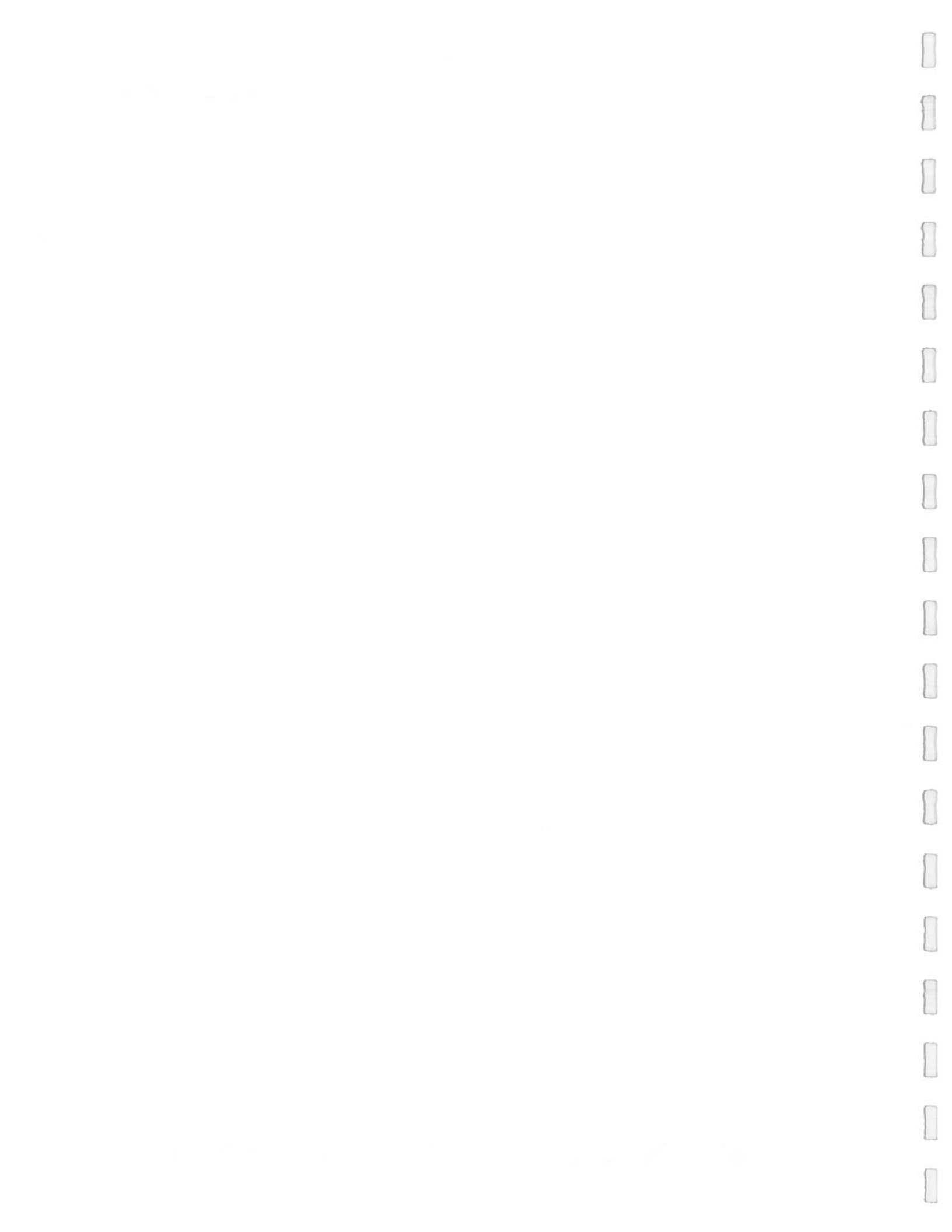
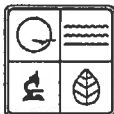


APPENDIX D

DISCHARGE MONITORING REPORTS





MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR) January / 2013				THROUGH (MONTH/YEAR) March / 2013				
PART I: FACILITY INFORMATION								
FACILITY NAME St. Louis Composting, Inc				COUNTY St. Louis County		PERMIT # MO- 6970035		
PART II: MONITORING INFORMATION								
SAMPLES COLLECTED BY -		PHONE NUMBER -		NUMBER OF SAMPLES 0- No Discharge		LABORATORY (NAME AND ADDRESS) -		
FIRM -				ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT -				
PART III: ANALYTICAL RESULTS								
OUTFALL #	001		002		003		SAMPLE TYPE	ANALYTICAL METHOD
DATE AND TIME OF SAMPLE COLLECTION	DATE	ANALYSIS DATE	DATE	ANALYSIS DATE	DATE	ANALYSIS DATE		
Parameter Unit	TIME		TIME		TIME			
Rainfall Amount in.								
Flow MGD	ND							
pH Units								
Settleable Solids mL/L/hr								
Oil & Grease mg/L								
Other (list)								
NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT) Tim Pool						FIRM SCS- Aquaterra		
SIGNATURE OF INDIVIDUAL PREPARING REPORT 						PHONE NUMBER 618-628-2001		
REPORT APPROVED BY OWNER				PHONE NUMBER		DATE		

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

APRIL 1 2013

THROUGH (MONTH/YEAR)

June 1 2013

PART I: FACILITY INFORMATION

FACILITY NAME

St. Louis Composting, Inc

COUNTY

COUNTY St. Louis County

PERMIT #

MO-6970035

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

0 - No Discharge

LABORATORY (NAME AND ADDRESS)

FIRM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

PART III: ANALYTICAL RESULTS

[illegible]

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

DAN CHUETTE

FIRM	
------	--

SCS Aquaterra

SIGNATURE OF INDIVIDUAL PREPARING REPORT

ANALYST: SAVENE
DUAL PREPARING REPORT

PHONE NUMBER

(618) 628-2000

REPORT APPROVED BY OWNER

PHONE NUMBER

DATE	
------	--



THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

FACILITY NAME

COUNTY

PERMIT #

SAMPLES COLLECTED BY

PHONE NUMBER _____

NUMBER OF SAMPLES

LABORATORY (NAME AND ADDRESS)

FIRM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

OUTFALL

001

002

003

**SAMPLE
TYPE**

ANALYTICAL METHOD

DATE AND TIME OF
SAMPLE COLLECTION

DATE _____

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

Parameter	Unit
-----------	------

Unit

Rainfall Amount in.

in.

Flow	MGD
------	-----

MGD

pH	Units
----	-------

Units

Settleable Solids mL/L/hr

mL/L/hr

Oil & Grease	mg/L
--------------	------

mg/L

Other (list)

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

FIRM	
------	--

SIGNATURE OF INDIVIDUAL PREPARING REPORT	
--	--

PHONE NUMBER

PHONE NUMBER
(618) 628-2001

REPORT APPROVED BY OWNER

PHONE NUMBER

DATE



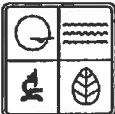
THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

MO- 6970035

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

DATE _____



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR) <i>Jan</i> <i>1</i> <i>2014</i>					THROUGH (MONTH/YEAR) <i>March</i> <i>1</i> <i>2014</i>				
PART I: FACILITY INFORMATION									
FACILITY NAME <i>St. Louis Composting Inc.</i>					COUNTY <i>St. Louis County</i>			PERMIT # <i>MO- 6970035</i>	
PART II: MONITORING INFORMATION									
SAMPLES COLLECTED BY			PHONE NUMBER		NUMBER OF SAMPLES			LABORATORY (NAME AND ADDRESS)	
FIRM					ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT				
PART III: ANALYTICAL RESULTS									
OUTFALL #		001		002		003		SAMPLE TYPE	ANALYTICAL METHOD
DATE AND TIME OF SAMPLE COLLECTION		DATE	ANALYSIS DATE	DATE	ANALYSIS DATE	DATE	ANALYSIS DATE		
Parameter	Unit	TIME		TIME		TIME			
Rainfall Amount	In.								
Flow	MGD	<i>ND</i>							
pH	Units								
Settleable Solids	mL/L/hr								
Oil & Grease	mg/L								
Other (list)									
NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT) <i>Jim Poul</i>						FIRM <i>SCS Aquatics</i>			
SIGNATURE OF INDIVIDUAL PREPARING REPORT <i>[Signature]</i>						PHONE NUMBER <i>618-628-2009</i>			
REPORT APPROVED BY OWNER <i>[Signature]</i>					PHONE NUMBER			DATE	

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

THE PERIOD FROM (MONTH/YEAR) April , 2014

7 June 1 2014

PART I: FACILITY INFORMATION

FACILITY NAME

St. Louis Composting Inc.

COUNTY

St. Louis County

PERMIT #

MO- 6970035

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

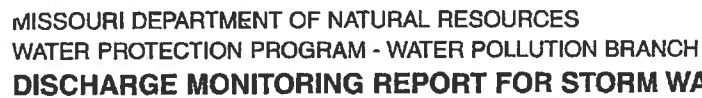
LABORATORY (NAME AND ADDRESS)

FIAM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

PART III: ANALYTICAL RESULTS

[illegible]



DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THROUGH (MONTH/YEAR)

PART I: FACILITY INFORMATION

FACILITY NAME

COUNTY

PERMIT #	
----------	--

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

LABORATORY (NAME AND ADDRESS)

FIRM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

PART III: ANALYTICAL RESULTS

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

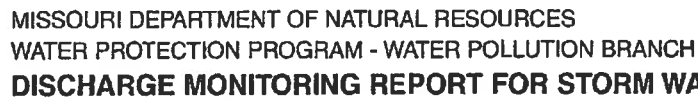
SIGNATURE OF INDIVIDUAL PREPARING REPORT

REPORT APPROVED BY OWNER

PHONE NUMBER

PHONE NUMBER

DATE _____



THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

FACILITY NAME

COUNTY

PERMIT #

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

LABORATORY (NAME AND ADDRESS)

FIRM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

PART III: ANALYTICAL RESULTS

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

FIRM

SIGNATURE OF INDIVIDUAL PREPARING REPORT

PHONE NUMBER

REPORT APPROVED BY OWNER

PHONE NUMBER

DATE _____



THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

PART I: FACILITY INFORMATION

FACILITY NAME

COUNTY

PERMIT #

MO-

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

LABORATORY (NAME AND ADDRESS)

FIRM

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

PART III: ANALYTICAL RESULTS

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

FIRM

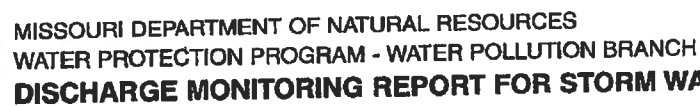
SIGNATURE OF INDIVIDUAL PREPARING REPORT

PHONE NUMBER

REPORT APPROVED BY OWNER

PHONE NUMBER

DATE



WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH
DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THROUGH (MONTH/YEAR)

FACILITY NAME

COUNTY

PERMIT #

MO.

SAMPLES COLLECTED BY

PHONE NUMBER

NUMBER OF SAMPLES

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

LABORATORY (NAME AND ADDRESS)

FIAM

OUTFALL

001

002

003

**DATE AND TIME OF
SAMPLE COLLECTION**

DATE

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

DATE _____

ANALYSIS
DATE

**SAMPLE
TYPE**

ANALYTICAL METHOD

Parameter

Unit

Rainfall Amount

၂၈.

Flow

MGD

pH

Units

Settleable Solids

mL/L/hr

Oil & Grease

mg/L

Other (list)

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

FIRM

SIGNATURE OF INDIVIDUAL PREPARING REPORT

PHONE NUMBER _____

REPORT APPROVED BY OWNER

PHONE NUMBER

DATE _____

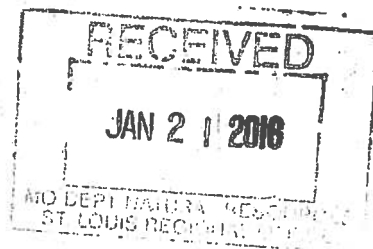


39 Old Elam Avenue
Valley Park, MO 63088
Office: 636-861-3344
Fax: 636-861-5925
www.stlcompost.com

January 21, 2016

Missouri Department of Natural Resources
Saint Louis Regional Office
7545 S. Lindbergh Blvd.; Suite 210
Saint Louis, MO 63125

Saint Louis Composting, Inc.
NPDES Permit MOG970035
4th Discharge Monitoring Report



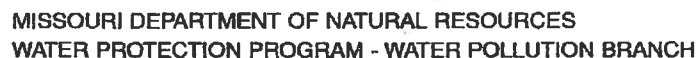
Dear Sir or Madam:

Please see the attached 4th quarter discharge monitoring report for NPDES permit number MOG970035. The reporting period is October 2015 – December 2015.

If you have any questions regarding the attached information, please contact me at 636- 861-3344 or at pgeraty@stlcompost.com

Sincerely,

Patrick Geraty
President



RECEIVED

JAN 21 1981

~~NO DEPT NATURAL RESOURCES~~
~~ST LOUIS REGIONAL OFFICE~~

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

THROUGH (MONTH/YEAR)

FACILITY NAME

FACILITY NAME Saint Louis Corporation, Inc., Valley Park

COUNTY

COUNTY Saint Louis County

PERMIT #

MO-12970035

SAMPLES COLLECTED BY

SAMPLES COLLECTED BY	
Denny Lawler	
FIRM	

PHONE NUMBER

PHONE NUMBER
636-861-3344

NUMBER OF SAMPLES

NUMBER OF SAMPLES	0-No Discharge
ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT	

LABORATORY (NAME AND ADDRESS)

PART III: ANALYTICAL RESULTS

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

SIGNATURE OF INDIVIDUAL PREPARING REPORT

REPORT APPROVED BY OWNER

PHONE NUMBER

PHONE NUMBER _____

DATE _____



39 Old Elam Avenue
Valley Park, MO 63088
Office: 636-861-3344
Fax: 636-861-5925
www.stlcompost.com

April 15, 2016

Ms. Sandy Schoen
Missouri Department of Natural Resources
Saint Louis Regional Office
7545 S. Lindbergh Blvd.; Suite 210
Saint Louis, MO 63125

RE: Saint Louis Composting, Inc.
NPDES Permit MOG970035
1st Quarter 2016 Discharge Monitoring Report

Dear Ms. Schoen:

Please see the attached 1st quarter discharge monitoring report for NPDES permit number MOG970035. The reporting period is January 2016 – March 2016. Floodwaters resulting from a rain event that occurred around December 30, 2015 did encroach onto the property around the ditch line areas. When authorities allowed access to our facility, the floodwaters had already receded off of the property. No further discharging of stormwater and/or floodwater occurred following the December 30, 2015 rain event.

If you have any questions regarding the enclosed information, please contact me at 636- 861-3344 or at pgeraty@stlcompost.com.

Sincerely,

Patrick Geraty
President

Enc.

APR 18 2016

MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM - WATER POLLUTION BRANCH

DISCHARGE MONITORING REPORT FOR STORM WATER AND WASTE WATER DISCHARGES UNDER GENERAL PERMIT

THIS REPORT COVERS THE PERIOD FROM (MONTH/YEAR)

January 1 2016

THROUGH (MONTH/YEAR)

March / 2016

PART I: FACILITY INFORMATION

FACILITY NAME

St. Louis Composting, Inc.: Valley Park

COUNTY

St. Louis County

PERMIT #

MO-6970035

PART II: MONITORING INFORMATION

SAMPLES COLLECTED BY

Dennis Lawler

PHONE NUMBER

636-861-3344

NUMBER OF SAMPLES

O-ND

LABORATORY (NAME AND ADDRESS)

TeK Lab, Inc.
5445 Horseshoe Lake Rd.
Collinsville, IL 62234

FIRM

St. Louis Composting, Inc.; 39 Old Elam Ave, Valley Park, MO 63088

ANALYSIS PERFORMED BY: PLEASE TYPE OR PRINT

Teklab, Inc.

PART III: ANALYTICAL RESULTS

[illegible]

NAME OF INDIVIDUAL PREPARING REPORT (PLEASE TYPE OR PRINT)

Tiffany Emmett

FIRM

St. Louis Composting, Inc.

SIGNATURE OF INDIVIDUAL PREPARING REPORT

Jeffrey Ernest

PHONE NUMBER	
--------------	--

636-861-3344

REPORT APPROVED BY OWNER

PHONE NUMBER

PHONE NUMBER
636-261-3344

DATE _____

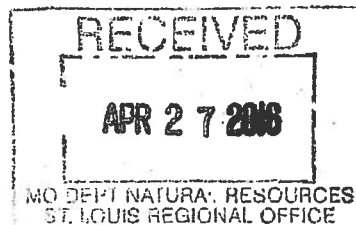
DATE 4/15/2016



39 Old Elam Avenue
Valley Park, MO 63088
Office: 636-861-3344
Fax: 636-861-5925
www.stlcompost.com

April 27, 2016

Ms. Sandy Schoen
Missouri Department of Natural Resources
Saint Louis Regional Office
7545 S. Lindbergh Blvd.; Suite 210
Saint Louis, MO 63125



RE: Saint Louis Composting, Inc.
NPDES Permit MOG970035
1st Quarter 2016 Discharge Monitoring Report - Resubmittal

Dear Ms. Schoen:

Please disregard the 1st Quarter Discharge Monitoring Report (DMR) submitted on April 15, 2016. Please review the revised 1st quarter DMR in the new format with rainfall totals, which was received from you, for NPDES permit number MOG970035. The reporting period is January 2016 – March 2016. Floodwaters resulting from a rain event that occurred around December 30, 2015 did encroach onto the property around the ditch line areas. When authorities allowed access to our facility, the floodwaters had already receded off of the property. No further discharging of stormwater and/or floodwater occurred following the December 30, 2015 rain event.

Thank you for your assistance and guidance in regards to providing an updated electronic DMR form with data pages which replaces this facility's original DMR paper form. If you have any questions regarding the enclosed information, please contact me at 636- 861-3344 or at pgeraty@stlcompost.com.

Sincerely,

Patrick Geraty
President

Enc.

Facility Name	St. Louis Composting - Inc.	Current Address: Owner <input checked="" type="checkbox"/> Billing <input type="checkbox"/>	Address Change For: Owner <input type="checkbox"/> Billing <input type="checkbox"/>
Permit Number	#MO-G970035	39 Old Elm Avenue, Valley Park, MO 63088	
County	St. Louis County		
Facility Type	Yard Waste Composting operations under 20 acres		
SIGNATURE AND TITLE OF AUTHORIZED INDIVIDUAL IN ACCORDANCE WITH 10 CSR 20-6.010(2)(C)		DATE	PHONE NUMBER
<i>[Signature]</i> President		4/27/16	636-861-3344
		E-MAIL ADDRESS (Optional) psarety@slcompost.com	
COMMENTS:			This report covers the period of: 1/01/16 to 3/31/16

PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall #001		Final Permit Limitations			Monitoring Requirement		
Parameter	Units	Daily Maximum	Weekly Average	Monthly Average	Frequency	Sample Type	Due Date
Flow	MGD	*		*	quarterly ***	24 hr estimate	October 28th of each year
Biochemical Oxygen Demand	mg/L	45		30	quarterly ***	grab	
Total Suspended Solids	mg/L	100		50	quarterly ***	grab	
pH	SU	**		**	quarterly ***	grab	
MONTH OF JANUARY Precipitation	inches	*		*	daily	total	
MONTH OF FEBRUARY Precipitation	inches	*		*	daily	total	
MONTH OF MARCH Precipitation	inches	*		*	daily	total	

MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY THE FIRST REPORT IS DUE APRIL 28, 2013.

IF A VIOLATION OCCURRED, PLEASE ATTACH THE FOLLOWING: AN EXPLANATION OF POSSIBLE CAUSE, EXACT DATE OF NON-COMPLIANCE, DATE ANTICIPATED TO RETURN TO COMPLIANCE, AND WHAT STEPS YOUR OPERATION WILL TAKE TO PREVENT A REOCCURRENCE OF THE VIOLATION.

- * Monitoring requirement only.
 - ** pH is measured in pH units and is not to be averaged. The pH is limited to the range of 6.5-9.0 pH units.
 - *** Sample discharge at least once for the months of: Jan, Feb, Mar-1st Quarter, Apr, May, Jun-2nd Quarter, Jul, Aug, Sep-3rd Quarter, Oct, Nov, Dec-4th Quarter.
- Note 1 Monitor once/quarter during the first hour after a discharge from a rainfall event greater than 0.5 inch in a 24 hour period. Report as "no-discharge" if a discharge does not occur during the monitoring period. Samples shall be collected at all outfalls.

DMR SAMPLING SUMMARY

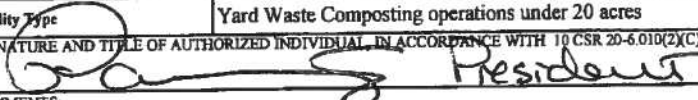
Outfall #001		NO DISCHARGE <input checked="" type="checkbox"/>			
Parameter	Daily Minimum	Daily Maximum	Weekly Average	Monthly Average	
Flow					
Biochemical Oxygen Demand					
Total Suspended Solids					
pH					
MONTH OF JANUARY Precipitation		0.75		0.046774194	
MONTH OF FEBRUARY Precipitation		0.5		0.09137931	
MONTH OF MARCH Precipitation		1.5		0.177419355	

APR 27 2016

MISSOURI DEPT. NATURAL RESOURCES
ST. LOUIS REGIONAL OFFICE

THIS DMR EXPIRES ON:
November 29, 2017

DMR Page 1 of 1

Facility Name	St. Louis Composting - Inc.	Current Address: Owner <input checked="" type="checkbox"/> Billing <input type="checkbox"/>	Address Change For: Owner <input type="checkbox"/> Billing <input type="checkbox"/>
Permit Number	#MO-G970035	39 Old Elm Avenue, Valley Park, MO 63088	
County	St. Louis County		
Facility Type	Yard Waste Composting operations under 20 acres		
SIGNATURE AND TITLE OF AUTHORIZED INDIVIDUAL IN ACCORDANCE WITH 10 CSR 20-6.010(2)(C)		DATE	PHONE NUMBER
 Resident		4/27/16	636-861-3344
E-MAIL ADDRESS (Optional)		pgreter@stlocompost.com	
COMMENTS:			This report covers the period of: 10/1/16 to 3/31/16

PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

Outfall #002		Final Permit Limitations			Monitoring Requirement		
Parameter	Units	Daily Maximum	Weekly Average	Monthly Average	Frequency	Sample Type	Due Date
Flow	MGD	*		*	quarterly ***	24 hr estimate	October 28th of each year
Biochemical Oxygen Demand	mg/L	45		30	quarterly ***	grab	
Total Suspended Solids	mg/L	100		50	quarterly ***	grab	
pH	SU	**		**	quarterly ***	grab	
MONTH OF JANUARY Precipitation	inches	*		*	daily	total	
MONTH OF FEBRUARY Precipitation	inches	*		*	daily	total	
MONTH OF MARCH Precipitation	inches	*		*	daily	total	

Effluent (Note 1)

MONITORING REPORTS SHALL BE SUBMITTED QUARTERLY. THE FIRST REPORT IS DUE APRIL 28, 2016.

IF A VIOLATION OCCURRED, PLEASE ATTACH THE FOLLOWING: AN EXPLANATION OF POSSIBLE CAUSE, EXACT DATE OF NON-COMPLIANCE, DATE ANTICIPATED TO RETURN TO COMPLIANCE, AND WHAT STEPS YOUR OPERATION WILL TAKE TO PREVENT A REOCCURRENCE OF THE VIOLATION.

- * Monitoring requirement only.
 - ** pH is measured in pH units and is not to be averaged. The pH is limited to the range of 6.5-9.0 pH units.
 - *** Sample discharge at least once for the months of: Jan, Feb, Mar-1st Quarter; Apr, May, Jun-2nd Quarter; Jul, Aug, Sep-3rd Quarter; Oct, Nov, Dec-4th Quarter.
- Note 1 Monitor once/quarter during the first hour after a discharge from a rainfall event greater than 0.5 inch in a 24 hour period. Report as "no-discharge" if a discharge does not occur during the monitoring period. Samples shall be collected at all outfalls.

DMR SAMPLING SUMMARY

Outfall #002			NO DISCHARGE <input checked="" type="checkbox"/>	
Parameter	Daily Minimum	Daily Maximum	Weekly Average	Monthly Average
Flow				
Biochemical Oxygen Demand				
Total Suspended Solids				
pH				
MONTH OF JANUARY Precipitation		0.75		0.046774194
MONTH OF FEBRUARY Precipitation		0.5		0.09137931
MONTH OF MARCH Precipitation		1.5		0.177419355

RECEIVED

APR 27 2016

THIS DMR EXPIRES ON:
November 29, 2017

DMR Page 1 of 1

